

ENTRY BLANK**TABLE****DO NOT DETACH**

PLEASE TYPE OR PRINT

 Ms. Mr. ArtistRICHARD FIORELLI

(Last Name Last)

Permanent
Address369 HIGH TEE WILLOWICK

Street

City

44094

Daytime Tel. (216) 943-1033

Zip

Area Code

Temporary or
Studio AddressSAME AS ABOVE

Street

City

Zip

Daytime Tel. ()

Area Code

If you do not presently live in one of the counties of the
Western Reserve, in which county were you born? _____Collaborator NONE

(If Any)

If May Show entries are not accepted or not sold:

 Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist at artist's expense,
to this address: Richard Fiorelli**Special Instructions**When necessary include below instructions or a drawing of how
the object is to be assembled and displayed.This Entry blank must be fully made out and signed. Unsigned
Entry Blanks will not be accepted.Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.It is also understood that accepted objects will remain on
exhibition until June 29, 1986.The submission of objects will be construed as an acceptance
by the artist of all terms and conditions printed in the
Entry Information.Signature Richard Fiorelli**DO NOT DETACH**

ENTRY BLANKS

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Materials

WOOD

Title

SHADOW OF A DOUBT

Price or NFS

#1000Insurance Value
if NFS OnlySize **2 FEET HIGH
6 FEET LONG
3 FEET WIDE****GRAPHICS AND PHOTOGRAPHY ONLY**Additional No.
For Sale

Total No. in Edition

Price
UnframedPrice of
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN THIS SECTION

2 (4)

ACCEPTED

REJECTED

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Materials

DETACH

Title

Price or NFS

Insurance Value
If NFS Only

Size

GRAPHICS AND PHOTOGRAPHY ONLYAdditional No.
For Sale

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ACCEPTED

REJECTED

**DO NOT WRITE IN
THIS SECTION**

ACCEPTED

REJECTED

RECEIVED

DATE